

Fins Up Foundation, Inc. - 2015 Girls Football Camp

Saturday, November 14th, 2015 – 11am – 5pm

MANDATORY MEDICAL CONSENT AND INSURANCE INFORMATION FORM

Participant Name & Date of Birth: _____

NOTE: Due to insurance liability requirements, all participants **MUST** be at least 13 years of age up to 17 years of age in order to participate in the camp.

Assumption of Risk and Consent for Treatment – Parent / Guardian Signature Required

I understand that there is an inherent risk of injury with participation in contact flag football and that this injury could lead to permanent disability or death. In the event of necessary emergency health examinations, diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to the Fins Up Foundation Girls Football Camp medical staff and/or physicians associated with other community facilities to treat the participant above.

Name of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Emergency Contact Phone #: (____) _____

Medical Insurance Information – Must be completed

Indicate the status of the participant's personal health care insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

_____ I am **not** covered by a health/accident insurance policy.

_____ I **am covered** by my own health/accident insurance policy. **(Complete section below)**

_____ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: _____

Group #: _____

Policy #: _____

Form Submission Deadline: [November 4th, 2015](#)

Mail or Email completed form to:

**Fins Up Foundation, c/o Dana Sparling, 104 Sandbrook HQ Rd, Stockton, NJ 08559
or scan & e-mail to: footballcamp@nysharksfootball.com**